

TRANSMITTAL FORM

DRAWINGS & SPECIFICATIONS

A separate transmittal form is required for each submittal.

Architect Project Number

ADPH Project Number

First Submittal for this project OR

The Project Name and Location as Provided on the Pre-licensure or License

This space is for ADPH use only.

ADPH acknowledges receipt, as stamped above.

Project Title/Description

Project Phase

Preliminary Final Stage Fire Sprinkler

Project Type

Abortion Clinic Surgery Center
 Assisted Living Other
 Dialysis Center
 Free-standing Emergency Department
 Hospital
 Inpatient Hospice
 Nursing Home
 Rehabilitation Center

Building Construction as provided on the drawings

Number of Stories: ____ Sprinkler System? ____
NFPA Construction Type: _____ IBC Construction Type: _____
[Type II (111), etc.]

Architect or Sprinkler Contractor Name and Address

Contact Person _____
Phone _____ FAX _____
E-mail _____

Owner Name and Address

Contact Person _____
Phone _____ FAX _____
E-mail _____

This plan submittal must include your written response to ADPH comments made on previous submittals.

Printed name of contact person submitting documents

Date

Courier Address

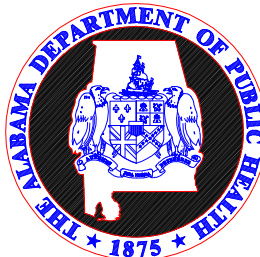
TECHNICAL SERVICES UNIT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

The RSA Tower, Suite 1510

201 Monroe Street

Montgomery, AL 36104



Mailing Address

TECHNICAL SERVICES UNIT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

The RSA Tower, Suite 1510

P.O. Box 303017

Montgomery, AL 36130-3017